

2046

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	<u>Graham</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>518</u>
District		ORIGINAL CERTIFICATE OF DEATH	
Town	<u>Pima ariz</u>	County Registered No. <u>13</u>	
Or City		Local Registrar's No. <u>6459</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME		<u>Estella Elizabeth Weech</u>	
PERSONAL AND STATISTICAL PARTICULARS			
SEX	Color or Race	SINGLE	
<u>Female</u>	<u>White</u>	<u>MARRIED</u>	
	<u>Indian</u>	<u>WIDOWED</u>	
	<u>Black</u>	<u>or DIVORCED</u>	
	<u>Chinese</u>		
	<u>Mexican</u>		
DATE OF BIRTH			
<u>Aug</u>	<u>19</u>	<u>1876</u>	
	(Month)	(Day)	(Year)
AGE			
<u>42</u> yrs <u>2</u> mos <u>12</u> days	If less than 1 day.....		
OCCUPATION			
(a) Trade, profession or particular kind of work..... <u>House wife</u>			
(b) General nature of industry, business, or establishment in which employed or (employer).....			
BIRTHPLACE (State or country) <u>Provo Utah</u>			
PARENTS			
NAME OF FATHER <u>Arthur P Newell</u>			
BIRTHPLACE OF FATHER (State or country) <u>Provo Utah</u>			
MAIDEN NAME OF MOTHER <u>Caroline E. Haws</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Provo Utah</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>David H Weech</u>			
(Address) <u>Pima ariz</u>			
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		
<u>Pima ariz</u>	<u>Nov 1</u> 191 <u>8</u>		
UNDERTAKER	ADDRESS		
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH			
<u>Oct</u> <u>30</u> 191 <u>8</u>			
(Month) (Day) (Year)			
I hereby certify, that I attended deceased from <u>Oct. 24</u> 191 <u>8</u> to <u>Oct. 30</u> 191 <u>8</u> ; that I last saw her alive on <u>Oct. 30</u> 191 <u>8</u> , and that death occurred on the date stated above at <u>1 p.m.</u> The DISEASE or INJURY causing Death was as follows: <u>Pneumonia</u>			
(Duration)..... yrs..... mos. <u>6</u> days			
Was disease contracted in Arizona? <u>yes</u>			
If not, where?.....			
CONTRIBUTORY <u>Influenza</u>			
(Duration)..... yrs..... mos. <u>5</u> days			
(Signed) <u>H. Warner</u>			
<u>Nov. 30</u> 191 <u>8</u> (Address) <u>Safford, Ariz.</u>			
*In deaths from VIOLENT CAUSES state MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death..... yrs..... mos..... ds. In Arizona..... yrs..... mos..... ds.			
Former or Usual Residence			
Filed <u>11/30-1918</u> <u>W.V. Thorpe</u>			
Local Registrar			
Filed <u>12/14</u> 191 <u>8</u> <u>J.N. Stratton</u>			
County Registrar			